



**Filing Officer**  
**Electronic Filing Access Code**  
**State Ethics Commission**

205 Jesse Hill Jr. Drive, S.E.

Suite 478 - East Tower

Atlanta, GA 30334

Fax: (404) 463-1988

**PERSONAL IDENTIFICATION NUMBER APPLICATION**

**Identification - Please Print**

Filing Office: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (Office): \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Send PIN Information By (Check only one):**

Email Enter Email Address: \_\_\_\_\_

Fax

US Postal Service

**Verification - Must Be Notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_.

I, the undersigned filer do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_

**NOTARY PUBLIC** (sign name): \_\_\_\_\_

PRINT NOTARY'S NAME: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

This document was sworn to or affirmed and subscribed before me on \_\_\_\_\_, 20

***For Office Use Only***

FilerID:

Approved By \_\_\_\_\_ Date \_\_\_\_\_